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CONFIRMATION NO. 5734

<b>SERIAL NUMBER</b> 10/696,493	<b>FILING OR 371(c) DATE</b> 10/29/2003 <b>RULE</b>	<b>CLASS</b> 482	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 25737-00002	
<b>APPLICANTS</b> Alexander Greenspan, Novelty, OH; Gene Alter, Chagrin Falls, OH; Gregory Greenspan, Reminderville, OH;					
<b>** CONTINUING DATA *****</b> <i>ok LPS</i> This appln claims benefit of 60/421,674 10/29/2002					
<b>** FOREIGN APPLICATIONS *****</b> <i>work LPS</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/29/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>UP</i> Acknowledged <i>UP</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 24/11	<b>INDEPENDENT CLAIMS</b> 42
<b>ADDRESS</b> 33772					
<b>TITLE</b> THERAPY DEVICE HAVING A ROTATABLY TILTABLE PLATFORM					
<b>FILING FEE RECEIVED</b> 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		